

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000029852

**Entity Name:** K.A.L. ENTERPRISES OF S.W. FLORIDA, INC.

**Current Principal Place of Business:**

3949 EVANS AVE 403  
FORT MYERS, FL 33901

**Current Mailing Address:**

3949 EVANS AVE 403  
FORT MYERS, FL 33901

**FEI Number:** 65-0823818

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAROCQUE, JOHN M  
3949 EVANS AVE  
403  
FORT MYERS, FL 33901 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DP	Title	DST
Name	LAROCQUE, JOHN	Name	LAROCQUE, DEBORAH
Address	3949 EVANS AVE #403	Address	3949 EVANS AVE #403
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN LAROCQUE

**PRES**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date